

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTERS FOR MEDICARE & MEDICAID SERVICES


 FORM APPROVED  
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445296	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  03/06/2011
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF EAST RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE EAST RIDGE, TN 37412		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 051	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure manual fire alarm pull station is readily accessible at all times.</p> <p>The findings include:</p> <p>Observation on March 6, 2011 at 9:40 a.m. revealed a food storage rack stored in front of the manual fire alarm pull station in the kitchen.</p>	K 051	<p>1. The storage rack was moved away from the fire alarm pull station by the dietary director on 3/6/11.</p> <p>2. No other fire alarm pull stations were observed to be blocked.</p> <p>3. The Maintenance Director conducted an educational inservice to the dietary department staff on 3/14/11 regarding fire alarm pull station accessibility. The dietary director will conduct dietary pull station accessibility audits at least five times weekly for four weeks, then weekly for three months to ensure continued compliance. The Maintenance Director will conduct at least one weekly audit for four weeks to ensure continued compliance.</p> <p>4. The Maintenance Director will report audit results to the Quality Assurance Committee monthly consisting of the Medical Director, Director of Nursing, Administrator, Social Services, Pharmacist and other interdisciplinary team members for further recommendations, if needed. The Administrator will monitor to ensure continued compliance.</p>	4/5/11	
K 067	NFPA 101 LIFE SAFETY CODE STANDARD	K 067		4/5/11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



EL

3/16/11

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CENTERS FOR MEDICARE & MEDICAID SERVICES

 FORM APPROVED  
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445296	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  03/06/2011
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF EAST RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 1500 FINCHER AVENUE EAST RIDGE, TN 37412		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 067	<p>Continued From page 1</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure clean linen closets have a positive air flow.</p> <p>The findings include:</p> <p>Observation on March 6, 2011 at 10:15 a.m. revealed the clean linen storage area on first floor east wing has no positive air flow.</p>	K 067	<p>1. The clean linen closet positive air flow on the first floor was repaired on 3/7/11.</p> <p>2. All other areas requiring positive air flow was observed by the maintenance staff to be in compliance on 3/7/11.</p> <p>3. The Maintenance Director will conduct weekly positive air flow audits at least weekly for three months to ensure continued compliance. Air flow audits will be reviewed with the Administrator at least weekly for three months.</p> <p>4. The Maintenance Director will report audit results to the Quality Assurance Committee monthly consisting of the Medical Director, Director of Nursing, Administrator, Social Services, Pharmacist and other interdisciplinary team members for further recommendations, if needed. The Administrator will monitor to ensure continued compliance.</p>		